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Bib Data Sheet

CONFIRMATION NO. 3154

|  |   |                                  |   |  |                                |
|--|---|----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/098,562   | <b>FILING DATE</b><br>03/18/2002<br><b>RULE</b>   | <b>CLASS</b><br>370              | <b>GROUP ART UNIT</b><br>2661   | <b>ATTORNEY DOCKET NO.</b><br>325772028200 |                                |
| <b>APPLICANTS</b><br>Masatsugu Koguchi, Matsudo-Shi, JAPAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2001-93199 03/28/2001<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/16/2002</b>  |   |                                  |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>13                  | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Barry E. Bretschneider<br>Morrison & Foerster LLP<br>Suite 5500<br>2000 Pennsylvania Avenue, N.W.<br>Washington, DC 20006-1888   |   |                                  |   |  |                                |
| <b>TITLE</b><br>Data transmission apparatus, data transmission method and data transmission program  |   |                                  |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>740  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |